

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001788

FILED
Apr 28, 2009
Secretary of State

Entity Name: MYRTLEWOOD HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

5337 N SOCRUM LP RD
166
LAKELAND, FL 33809

New Principal Place of Business:

Current Mailing Address:

5337 N SOCRUM LP RD
166
LAKELAND, FL 33809

New Mailing Address:

FEI Number: 22-3903172

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHITMORE, DANIEL
6445 MYRTLEWOOD DR
LAKELAND, FL 33810 US

Name and Address of New Registered Agent:

PEOPLES, SARA K
2006 DEERBERRY LN
LAKELAND, FL 33810 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: SARA PEOPLES

04/28/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MCDOWELL, LEVEXIER
Address: 2020 DEERBERRY LN
City-St-Zip: LAKELAND, FL 33810

Title: VPD () Delete
Name: MITCHELL, DELOIS
Address: 2005 BUCKTHORN LN
City-St-Zip: LAKELAND, FL 33810

Title: TSD () Delete
Name: PEOPLES, SARA
Address: 2006 DEERBERRY LN
City-St-Zip: LAKELAND, FL 33810

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CRUZ, JUAN
Address: 2016 BUCKTHORN LN
City-St-Zip: LAKELAND, FL 33810

Title: VPD (X) Change () Addition
Name: MITCHELL, ESTER
Address: 2005 BUCKTHORN LN
City-St-Zip: LAKELAND, FL 33810

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SARA PEOPLES

TSD

04/28/2009

Electronic Signature of Signing Officer or Director

Date